



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT MERCY HOSPITAL, INC.

City of Hospital: Elwood

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9860219
Outpatient Patient Service Revenue	\$51242848
Total Gross Patient Service Revenue	\$61103067

2. Deductions From Revenue

Contractual Allowance	\$33059443
Other Deductions	\$3187537
Total Deductions	\$36246980

3. Total Operating Revenue

Net Patient Service Revenue	\$24856087
Other Operating Revenue	\$572618
Total Operating Revenue	\$25428705

4. Operating Expenses

Salaries and Wages	\$8854179	Employee Benefits	\$2300717
Depreciation and Amortization	\$1041265	Interest Expense	\$406132
Bad Debt	\$0	Other Expenses	\$10823529
Total Operating Expenses	\$23425822		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2002883	Total Assets	\$32921803
Net Non-operating Gains over Loss	\$878664	Total Liabilities	\$32921803
Total Net Gains	\$2881547		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28678651	\$16469052	\$12209599
Medicaid	\$8459211	\$6847136	\$1612075
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23965205	\$12930792	\$11034413
Total	\$61103067	\$36246980	\$24856087

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$84181	\$129818	\$-45637

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$63564	\$-63564
Community Education	\$0	\$46080	\$-46080

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	35686
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$5572864
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$1964389	
HCI Payments	\$0		
Subtotal	\$0	\$1964389	\$-1964389
Medicaid Shortfalls	\$0	\$1930959	
Subtotal	\$0	\$3895348	\$-3895348
DSH Payments	\$0		
Subtotal	\$0	\$3895348	\$-3895348
Medicare Shortfalls	\$0	\$-101090	
Other Government Programs	\$0	\$0	
Total	\$0	\$3794258	\$-3794258

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$63564	\$-63564
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$52450	\$-52450